

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: _____		2 Serial/Patent # _____	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input checked="" type="checkbox"/> Other <i>Claims</i>			\$ <i>380</i>
7 TOTAL AMOUNT OF REFUND		\$	

10 REASON:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation): \_\_\_\_\_

8 TO BE REFUNDED BY:

☐ Treasury Check

☐ Credit Deposit A/C #:

9 

5	0	--	0	8	1	5
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11 REFUND REQUESTED BY: \_\_\_\_\_

TYPED/PRINTED NAME: *J. H. ...* TITLE: *Analyst*

SIGNATURE: *[Signature]* PHONE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: REFUND COMPLETED DATE: REFUND COMPLETED

PCT NATIONAL DIVISION PCT NATIONAL DIVISION

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*